
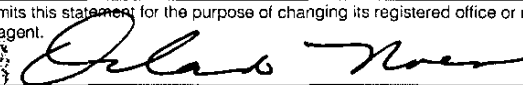


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90224 030 \*\*\*150.00

<b>DOCUMENT # P02000056765</b> 1. Entity Name <b>HOME FINANCING, INC.</b>					
Principal Place of Business 7305 W. SAMPLE ROAD SUITE 110 CORAL SPRINGS, FL 33065			Mailing Address 7305 W. SAMPLE ROAD SUITE 110 CORAL SPRINGS, FL 33065		
2. Principal Place of Business <b>6261 W Atlantic Blvd</b> Suite, Apt. #, etc. <b>#201</b>		3. Mailing Address <b>6261 W Atlantic Blvd</b> Suite, Apt. #, etc. <b>#201</b>			
City & State <b>Margate FL</b>		City & State <b>Margate FL</b>		4. FEI Number <b>01-0738558</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NORENA, ORLANDO</b> <b>7305 W. SAMPLE RD.</b> <b>SUITE 110</b> <b>CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name <b>Norena, Orlando</b> Street Address (P.O. Box Number is Not Acceptable) <b>6261 W Atlantic Blvd #201</b> City <b>Margate</b> <b>FL</b> <b>33063</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>5/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NORENA, ORLANDO</b> <b>7305 W. SAMPLE RD SUITE 110</b> <b>CORAL SPRINGS, FL 33065</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>5/5/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>954-535-9550</b> <small>Daytime Phone #</small>		

**50052275**



05102005 Chg-P CR2E034 (10/03)

ATTACHMENT

50052275

Home Financing, Inc.  
6261 W. Atlantic Blvd. #201  
Margate FL 33063  
954-535-9552

May 01, 2005

Florida Department of State  
Division of Corporation  
PO Box 1500  
Tallahassee FL 32302

Dear Sir/ Madam:

Please note that entity Home Financing, Inc. document number P02000056765 has a new address. Requesting to waive the late fee on this corporation of \$400.00 due to the routing of the mails. The business moved on January 01, 2005 and some mails have gotten lost or/and gotten in late. I have not receive this form in the mails , a Copy was retain through your website, please except the request given to you, can there be any way of waiving the late charge? A copy of your envelope is enclosed as proof of new address.

I certainly appreciate you looking into this matter.

Thank you kindly,



Evelyn Roman  
Assistant Office Manager